INJURY REPORT

NZYF/HS/003
11/03/2016

Once completed this form must be submitted to NZYF National Office.

This information will be used for the following purposes only and will remain confidential at all times
1. Reporting to the Worksafe
2. Organisation accident/incident analysis

DISTRICT/REGION:

TO BE COMPLETED BY NEW ZEALAND YOUNG FARMERS REPRESENTATIVE

1. PERSONAL DATA OF INJURED PERSON:

First Name:
Last Name:
Phone Number:
Age:
Sex: Male / Female

2. LOCATION OF ACCIDENT:

3. TASK AT TIME OF ACCIDENT:

4. EXPERIENCE ON THE JOB/TASK:

- ❑ 1st week
- ❑ 1st month
- ❑ 1-6 months
- ❑ Non-employee
- ❑ 6 moths-1 year
- ❑ 1-5 years
- ❑ Over 5 years

5. TREATMENT OF INJURY:

- ❑ Nil
- ❑ Hospitalised
- ❑ First aid
- ❑ Doctor (Not hospitalised)

6. TIME AND DATE OF ACCIDENT

Time: Date:

Accident reported to:

7. MECHANISM OF ACCIDENT

- ❑ Fall, trip or slip
- ❑ Sound or pressure
- ❑ Body stressing
- ❑ Biological factors
- ❑ Other
- ❑ Hitting objects with body
- ❑ Being hit by moving objects
- ❑ Heat, radiation or energy
- ❑ Chemicals /other substances
- ❑ Mental stress

Details:

8. AGENCY OF ACCIDENT:

- ❑ Machinery or (Mainly) fixed plant
- ❑ Mobile plant or transport
- ❑ Powered equipment, tools or appliances
- ❑ Non powered hand tools, appliances or equipment.
- ❑ Chemical or chemical products
- ❑ Material or substance
- ❑ Environmental agency
- ❑ Animal, human or biological agency
- ❑ Bacterial or virus
- ❑ Other

Details:

9. BODY PART

- ❑ Head
- ❑ Neck
- ❑ Upper limb
- ❑ Systemic (internal organs)
- ❑ Lower limbs
- ❑ Trunk
- ❑ Multiple locations

Details *e.g. right little finger*:

10. NATURE OF INJURY OR DISEASE

*** A **Notifiable Event** is an injury or illness that require immediate treatment, other than first aid and must be reported to Worksafe NZ***

- ❑ Fracture of spine
- ❑ Other fractures
- ❑ Dislocation
- ❑ Sprain or strain
- ❑ Head injury
- ❑ Internal injuries
- ❑ Amputation inc. eye
- ❑ Open wound
- ❑ Superficial injury
- ❑ Bruising or crushing
- ❑ Foreign body
- ❑ Burns
- ❑ 3rd degree burns
- ❑ Nerves or spinal cord
- ❑ Puncture wound
- ❑ Poisoning
- ❑ Multiple injuries
- ❑ Damage to artificial aid
- ❑ Disease, circulatory
- ❑ Disease, nervous system
- ❑ Disease, respiratory
- ❑ Disease, Musculoskeletal
- ❑ Disease, skin
- ❑ Disease, digestive system
- ❑ Tumour
- ❑ Mental disorder
- ❑ Disease, infectious or parasitic

Details:

11. WHERE AND HOW DID THE ACCIDENT/HARM HAPPEN? Attach extra sheets if needed.

Room on reverse page to draw picture

12. SIGNIFICANT HAZARD INVOLVED?

❑ Yes ❑ No

If yes, Hazard Assessment

13. FULL INVESTIGATION?

❑ Yes ❑ No

If yes, A/I

14. NOTIFIABLE EVENT?

❑ Yes ❑ No

If yes, date Worksafe advised:

INJURY REPORT

COMMENTS FROM FIRST AIDER:

Name: Phone Number:

SECTION TO BE COMPLETED BY NEW ZEALAND YOUNG FARMERS REPRESENTATIVES:

COMMENTS: Any further comments about injury that may be of use for accident investigation

Name: **Signature:** **Position**: **Date**:

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